Amendment Disclosure Report Cover Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information 1. Committee Information c. ID Number a. Full Name 6DU735 Bruce Eckard for Conover City Council b. Mailing Address (include City, State and Zip Code) d. Date Filed P.O. Box 883 11/17/2011 Conover, NC 28613 e. Phone Number 828-466-2411 4. Period End Date 2. Report Year 5. Treasurer Full Name 3. Period Start Date (mm/dd/yy) (mm/dd/yy) Bruce R. Eckard 11/17/2011 2011 10/25/2011 9. Type of Report (check only one type of report from one category) 6. Type of Committee (Check One) State/County Referendum Candidate Campaign Municipal Organizational Organizational Organizational Referendum Independent Pre-referendum Thirty-five day Quarterly Joint Fundraiser Expenditure Legal Expense Fund (if applicable, check one) First Final 7. Type of Fund Pre-primary Supplemental Final "Booster Fund" Pre-election Second Third Annual **Building Fund** Pre-runoff Semi-annual Fourth Special Mid Year Semi-annual 10. Special Report Name Mid Year Year End Other:  $\boxtimes$ Final Year End Final 8. Number of Fundraisers this Report Special Special None 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name Peoples Bank b. Purpose c. Account Code b. Purpose c. Account Code Campaign BRE Funds d. Period Begin Balance d. Period Begin Balance S 370.53 \$ CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. H1/17/2011 Bruce Eckard Date Signature of Appointed Treasurer Printed Name of Signer FOR OFFICE USE ONLY Delivery Method Employee: Date Received: Normal Mail Registered Mail Date Postmarked: Employee:

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

Employee:

Employee:

Date Scanned:

Date Data Entered:

Hand Delivered Electronically Filed

Signer has not received mandatory training

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment  $\boxtimes$ Yes No

 $\begin{array}{c} \textbf{Detailed Summary} \\ \textbf{Use this form to summarize all disclosure reporting forms and to total monetary information.} \end{array}$ 

Start of Election Cycle: January 1,   2011   Total this Reporting Period	Total this Election Cycle \$
Start of Election Cycle: January 1, 2011 Reporting Period  4) Cash on Hand at Start \$ 370.53  RECEIPTS  5) Aggregated Contributions from Individuals (CRO-1205) \$ 200.00  6) Contributions from Individuals (CRO-1210) \$ 100.00	Election Cycle
RECEIPTS  5) Aggregated Contributions from Individuals (CRO-1205) \$ 200.00  6) Contributions from Individuals (CRO-1210) \$ 100.00	<b>\$</b>
5) Aggregated Contributions from Individuals (CRO-1205) \$ 200.00  6) Contributions from Individuals (CRO-1210) \$ 100.00	
6) Contributions from Individuals (CRO-1210) \$ 100.00	0 000
	\$ 370.00
7) Contributions from Political Party Committees (CRO-1220)   \$	\$ 1,750.00
201 About April 2014 (2014) About 4014 (2014) Ab	\$
8) Contributions from Other Political Committees (CRO-1230) \$	\$
9) Loan Proceeds (CRO-1410) \$	\$
10) Refunds/Reimbursements To the Committee (CRO-1240) \$	\$
11) Other Receipt Sources	
11a) Interest on Bank Accounts (CRO-1250) \$	\$
11b) Contributions from Not-for-Profit Organizations (CRO-1250) \$	\$
11c) Outside Sources of Income (CRO-1250) \$	\$
11d) Legal Expense Fund – Other Sources (CRO-1270) \$	\$
11 e) Exempt Purchase Price Sales (CRO-1265) \$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) \$ 300.00	\$ 2,120.00
EXPENDITURES	
13) Disbursements	
13a) Operating Expenditures (CRO-1310) \$ 654.97	\$ 2,104.44
13b) Contributions to Candidates/Political Committees (CRO-1310) \$	\$
13c) Coordinated Party Expenditures (CRO-1310) \$	\$
14) Aggregated Non-Media Expenditures (CRO-1315) \$	\$
15) Loan Repayments (CRO-1420) \$	\$
16) Refunds/Reimbursements From the Committee (CRO-1320) \$ 15.56	\$ 15.56
17) In-Kind Contributions (CRO-1510) \$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 670.53	\$ 2,120.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ 0.00	\$ 0.00
ADDITIONAL INFORMATION	
20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$	
22) Debts and Obligations owed By the Committee (CRO-1610) \$	
23) Debts and Obligations owed To the Committee (CRO-1620) \$	
24) Account Transfers Within the Committee (CRO-1720) \$	12/12/2014
25) Administrative Support (CRO-1710) \$	\$
26) Forgiven Loans (CRO-1440) \$	\$
27) 48-Hour Notice Reports Sum (CRO-2200) \$	\$
28) Contributions to be Refunded (CRO-1215) \$	\$

## **Aggregated Contributions from Individuals**

Page

of

Amendment

Yes

No

Optional form used to report NC Contributions From Individuals of \$50 or less

			d if applicable)		2. II	D Number		
Bruc	Bruce Eckard For Conover City Council 6DU735							
3. Co	ntributor Infor	mation						
a. Ame		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount		
<u> </u>	Add Remove	BRE	Cash		11/11/11	\$ 50.00		
H	Add		200 SQ		900-251V(001010V)			
Н	Remove	BRE	Cash		11/11/11	\$ 50.00		
	Add	BRE	Cash		11/11/11	\$ 50.00		
	Remove	DKL	Casii			<b>4 20.00</b>		
	Add	BRE	Cash		11/11/11	\$ 50.00		
	Remove					0.00 +10.000.000.000		
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	Remove					\$		
4. To	otal only this	Page			\$	200.00		
5. To	otal of ALL	CRO-1205 I	Pages		\$	200.00		
CONTRACTOR OF THE PARTY OF THE	(This line must be on line 5 of Detailed Summary Page CRO-1100)							

		m Individuals			Pg		of <u>1</u>	Ye	s 🛭 No	
Use this	form to report ind	ividual contributions of	over \$50	or contr	ibutions un	der \$50 if form C	RO 1205 is	not used		
1. Comn	nittee Full Name	(and Fund if applica	ble)				2. ID Ni	umber		
Bruce Ec	kard for Conover	City Council						6DU735		
3. Contr	ibutor Informati	on		Add	☐ Re	emove				
	me, Mailing Address	& Phone		b. Job Title/Profession			d. Comme	d. Comments		
Glenn H	city, state, & zip)		PART OF THE	Retire	a					
PO Box				c. Emple	oyer's Name/S	Specific Field				
Terrell, N	NC 28672			Retire	d					
							e. Election	n Sum to Date	的推查排售的基础的	
							\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descr	iption	j. Date (mm/dd/	′уууу)	k. Amount		
	BRE	Check				11/03	/2011	\$	100.00	
								\$		
								\$		
3. Contr	ibutor Informati	on		Add	☐ Re	emove				
	me, Mailing Address	& Phone		b. Job T	itle/Profession		d. Commo	ents	enganger.	
(include	city, state, & zip)									
				c. Emple	oyer's Name/S	Specific Field	776.7			
					7.	•				
							e. Election	n Sum to Date		
							\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption	j. Date (mm/dd.	/уууу)	k. Amoun		
								\$		
								\$		
								\$		
3. Contr	ibutor Informati	on		Add	☐ Re	emove				
	me, Mailing Address	& Phone		b. Job T	itle/Profession	n	d. Commo	ents	馬中部門對於和	
(include	city, state, & zip)		The state of							
				c. Emple	oyer's Name/S	Specific Field	9094			
							e. Election	n Sum to Date		
							\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption	j. Date (mm/dd.	/уууу)	k. Amount	native estad	
								\$		
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				11000000			10	\$		
4. Tota	l only this Pag	e					\$		100.00	
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(This lin	e must be on line 6 of	Detailed Summary Page C	CRO-1100	9)			Ψ		100.00	

Amendment

				Amei	Amendment		
Disbursements	Pg	1	of <u>2</u>		Yes	$\boxtimes$	No
Y	mittee few emerating evenences	aantuil	outions to sandi	data/nalit	ical		

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee F	ull Name (and Fund	d if applicable)			2. ID Number
	or Conover City Cou				6DU735
3. Type of Disbu			CRO-1310 forms for each ty	vpe of Disbursem	ent.)
Operating Ex			ndidates/Political Committees	The same of the sa	ordinated Party Expenditures
4. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,				200	
O-N-E	& Zip)	TO SECURITION OF THE PARTY OF T	1		
North College A	ive		c. Level Registered (Specify)		1
Newton, NC 28			Federal	County:	1
Newton, INC 20	030		State	Municipality:	e. Election Sum to Date
				Withhelpanty.	C. Election Sum to Date
					\$ 150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BRE	Check	A	10/26/2011	\$150.00	Ads
				s	
4. Payee Inform	-4ian		Add	Remove	
			b. Coordinated Committee Na		d. Comments
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,			4		
Catawba County					-
Board of Election	ons		c. Level Registered (Specify)		-
PO Box 132			Federal	County:	
Newton, NC 28	658		State	Municipality:	e. Election Sum to Date
(828)464-2424					\$ 72.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BRE	Check	K	10/27/2011	\$11.00	Labels
e de la company					
				\$	
4. Payee Inform			Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
Wooten Graphic	S		19-188 <u>1 - 13-110 (A.1115) (T. 4.2003) (1975) (A.1115) (A</u>		
PO Box 819			c. Level Registered (Specify)		
Welcome, NC 2	27374		Federal	County:	
NO DE STEETS CONTRACTOR DE			State	Municipality:	e. Election Sum to Date
					\$ 805.97
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					Signs
BRE	Check	В	10/27/2011	\$58.38	organi
				\$	
5. Total only thi	is Page				\$ 214.38
	CRO-1310 Pages	Proceedings of the second			<b>V</b> 22
		nmarv Page CRO-110	00 if Operating Expenses)	Development house returned	
	-		00 if Contrib to Candidates/Politic	cal Comm)	\$ 654.97
,	·		0 if Coordinated Party Expenditu		
	es (List detailed exp			BEST STANDING TO STAND	
A* - Media	B* - Printing	C* - Fund		D - To Anothe	er Candidate
E - Salaries	F* - Equipment				Public Office Expenses
I - Postage	J - Penalties		ce Expenses		n to Legal Expense Fund
O* - Other				All T	177.750 Store Control 187.75
* Codes require	e detailed explanati	ion in required re	emarks field (k)		

Disbursements	Ρσ	2	of 2
Disbuiscincins	rg	4	01 2

Amendi	nent		
	Yes	$\boxtimes$	No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	ull Name (and Fun				2. ID Number			
Bruce Eckard fo	Bruce Eckard for Conover City Council 6DU735							
3. Type of Disbu	ursement (Plea	ise use separate C	RO-1310 forms for each t	vpe of Disburser	nent.)			
Operating E	xpenses	Contributions to Car	ndidates/Political Committees	c	oordinated Party Expenditures			
4. Payee Inform	ation		Add	Remove				
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments			
(include city, state,								
Post Master	с пр		1					
201 1 <sup>st</sup> St E			c. Level Registered (Specify)					
Conover, NC 28613			Federal	County:				
Collover, Ive 2	0015		State	Municipality:	e. Election Sum to Date			
					\$ 398.17			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
BRE	Check	I	10/27/2011	\$108.17	Postage			
				\$				
4. Payee Inform	ation		Add	Remove				
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments			
(include city, state,								
Executive Data	ш.р/		1					
301 10 <sup>th</sup> St NW			c. Level Registered (Specify)					
Conover, NC 2			Federal	County:				
2007		State	Municipality:	e. Election Sum to Date				
					\$ 678.30			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
BRE	Check	В	11/11/2011	\$332.42	Signs/Cards			
DKE	Cited		1.20.1.20.7.1.2.2	12				
				\$				
4. Payee Inform	ation		Add	Remove				
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments			
(include city, state,								
(merade city, state,	C Zip)		1					
			c. Level Registered (Specify)					
			Federal	County:				
			State	Municipality:	e. Election Sum to Date			
rii					\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
				\$				
				D D				
				\$				
5. Total only th	l is Page				\$ 440.59			
	CRO-1310 Pages							
		nmarv Page CRO-110	0 if Operating Expenses)	ANTICLIA (CIACINA) (MAPRICALIS CON PROPERTO				
			0 if Contrib to Candidates/Politic	cal Comm)	\$ 654.97			
12. (570)			0 if Coordinated Party Expenditu					
	es (List detailed ex							
A* - Media	B* - Printing	C* - Fun		D - To Anot	her Candidate			
E - Salaries	F* - Equipment				g Public Office Expenses			
I - Postage	J - Penalties		ce Expenses		ion to Legal Expense Fund			
O* - Other			andreas the baselines of the commence of the c	NAMES OF TAXABLE PARTY.	THE RESTRICTION OF THE PROPERTY OF THE PROPERT			
* Codes requir	e detailed explanat	ion in required r	emarks field (k)					

		nts From the Committe		of <u>1</u>	endme	nt Yes 🔀 No
		mbursements, including contribution	ons returned to the contrib	utor.	gave-v	Contract the second of the sec
1. Committee Full N		ind if applicable)				Number
Bruce Eckard for Conover	r City Council				6DU7	733
3. Payee Informatio	n.		dd Remove	to a facility of the second		
a. Full Name, Mailing A			d. Type of Committee		h. Or	iginal Receipt Date
(include city, state, &			Candidate	07/25/2011		
Bruce Eckard	2.17)		Referendum		0112012011	
PO Box 883			e. Level Registered (Specify	i. Ori	ginal Receipt Amount	
Conover, NC 28613			Federal	County:	s	100.00
			State 🖂	Municipality:	9800 X	249.11(0.0)(8)
			f. Purpose Code		j. Ele	ction Sum to Date
			L		\$	300.00
b. Job Title/Profession		e. Employer's Name/Specific Field	g. Comments		k. Ac	count Code
Sales		Vendomatic			BRE	
l. Form of Payment	m. Required F	Remarks		n. Date (mm/dd/yy	yy)	o. Amount
Check	Reinburse to C	Close Account		11/16/2011		\$ 15.56
3. Payee Information	)n	A A	dd Remove			
a. Full Name, Mailing A			d. Type of Committee		h. Or	iginal Receipt Date
(include city, state, &			Candidate	PAC		
			Referendum	Party		
			e. Level Registered (Specify)		i. Ori	ginal Receipt Amount
			Federal State	County: Municipality:	\$	
			f. Purpose Code	j. Election Sum to Date		
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments			count Code
1. Form of Payment	m. Required F	Remarks		n. Date (mm/dd/yy	vv)	o. Amount
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TANKER TO A SERVICE OF THE SERVICE O	SILPAY DAY CONSTRUCTION OF STREET	madine rucing up to the test of the			JF9523978	
3. Payee Information	23/102-13/2000 AUTHORISED	A	dd Remove		26322	
a. Full Name, Mailing A			d. Type of Committee	PAG.	h. Or	iginal Receipt Date
(include city, state, &	zip)		Candidate Referendum	PAC Party		
			e. Level Registered (Specify		i Ori	ginal Receipt Amount
			Federal Federal	County:		ginar Receipt Amount
			State	Municipality:	\$	
			f. Purpose Code		j. Ele	ction Sum to Date
					\$	
b. Job Title/Profession c. Employer's Name/Specific Field		g. Comments		k. Ac	count Code	
I. Form of Payment	m. Required I	Remarks		n. Date (mm/dd/yyyy) o. Amount		
						\$
4. Total only this Pa	l age				\$	15.56

N - Exceeded Contribution Limit

15.56

5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)

M - Overpayment for Service

L - Returned to Contributor